

**COVID-19 PARENTAL ACKNOWLEDGMENT AND DISCLOSURE
FIRST UMC BOCA RATON - PARENT'S MORNING OUT**

This should be read, and each statement initialed by EITHER parent or guardian. Signature by EITHER parent or the guardian is required.

1. _____ I understand that during this COVID-19 public health emergency I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein.
2. _____ I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST wash my hands before entering and wear a mask. While in the facility I must practice social distancing and remain 6 ft from all other people, except for my own child.
3. _____ I understand that in order to attend the program my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the program, in a supervised, secure area. I will be contacted, and my child MUST be picked up from the facility within 1 hour of being notified.

Symptoms include:

- Fever of 99.6 degrees Fahrenheit or higher
- Dry cough
- Shortness of breath
- Chills
- Loss of taste or smell
- Sore throat
- Muscle aches
- Any other symptom identified by the CDC as associated with COVID-19

While we understand that many of these symptoms can also be related to non-COVID-19 related issues, we must proceed with an abundance of caution during this public health emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom free without any medications for 72 hours before returning to the facility.

4. _____ I understand that over the course of the school day, my child's temperature will be taken upon arrival, and as needed throughout the day.
5. _____ I understand that my child will be required to wash their hands using CDC recommended hand washing procedures (this does to apply to infants) throughout the day using running water and rubbing with soap for at least 20 seconds.
6. _____ I understand that I must sanitize my child's school items such as sippy cups, bottles, diaper bag, etc. each day.
7. _____ I understand that outside of this child care program, in order to control my child's exposure in the community, our family will comply with any and all state, county or local stay-at-home orders, and will follow any current CDC guidelines while they are in effect. I understand that outside of work and school attendance, the CDC currently recommends limiting close contact with others outside of those living in my household, including by refraining from all non-essential outings, wearing a mask in all public areas (age appropriate), and remaining 6 ft from all other people.
8. _____ I agree to reinforce good health safety habits at home, including by reminding my child not to touch their face, to frequently wash their hands long enough to sing "Happy Birthday" twice, and to cover coughs and sneezes (age appropriate).
9. _____ ***I will immediately notify First UMC Boca Raton if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify***

MECE Administration if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether or not I have had direct contact with that person.

10. _____ First UMC Boca Raton will continue to follow the guidelines of both the CDC and state and local officials to ensure the health and wellbeing of all staff and children who enter the facility. As changes happen, parents will be notified. First UMC Boca Raton will contact the Health Department if any staff member or student contracts COVID-19. **I understand that the Parent's Morning Out Program will close for two weeks to allow time for isolation of all students and staff.** First UMC Boca Raton reserves the right to change or suspend operating procedures in light of CDC, Health Department, DCF or other applicable agency guidance.
11. _____ I understand that while present in the facility each day my child will be in contact with children, families, and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that the members of our family play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by First UMC Boca Raton will result in adverse action up to and including termination of my child's participation in this program.

Child's Name: _____

DOB: _____

Parent's Name: _____

Parent's Signature

Date: _____